

From “Male Bonding Rituals” to “Suicide Tuesday”: A Qualitative Study of Issues Faced by Gay Male Ecstasy (MDMA) Users

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ABSTRACT. Use of MDMA and other club drugs has increased among gay men, but questions remain concerning the use, context, and popularity of these drugs; and views of their side effects. We interviewed in-depth 12 gay MDMA users in New York. MDMA had specific appeals to gay men, who often described isolation and stigmatization. Users underwent a period of initiation and social networks often became comprised of greater numbers of other users. Club environments fostered drug use and vice versa. Awareness of potential adverse effects varied and was minimized. Appropriate educational and prevention programs are needed to address these issues, and must take into account the specific contexts of these gay men’s lives. doi:10.1300/J082v51n03_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The HaworthPress, Inc. All rights reserved.]

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INTRODUCTION

In recent years, methylenedioxymethamphetamine (MDMA or “Ecstasy”) and other club drugs such as ketamine (“special K”), gamma-hydroxybutyrate (GHB), and methamphetamine hydrochloride (crystal methamphetamine) have become increasingly common among young men who have sex with men (Romanelli, Smith & Pomeroy 2003). Our prior research (Klitzman, Pope & Hudson 2000) suggested that MDMA is the most popular of these drugs, with 50% of 169 respondents at gay clubs having used it in the past year. We also found among a random digit dialing sample of 800 gay men (Klitzman et al. 2002) that MDMA users were more likely to be “out” and involved in the gay community, but also victims of domestic violence. We found differences between those who used it frequently (at least five times in the previous three months) and those who used it less frequently, but questions emerged as to why these differences existed. The quantitative data did not fully elucidate the reasons for these differences.

Pharmacological studies have suggested that MDMA may be associated with neurocognitive deficits and psychiatric symptoms (McGuire, Cope & Fahy 1994). In humans, MDMA had been found to cause long-lasting neurotoxicity and cognitive impairment, particularly impaired memory and attention deficits. In addition, individual clinical case reports have suggested that MDMA can cause psychiatric symptoms, including depression, anxiety, and paranoia, even after abstinence from the drug (Klitzman et al. 2002). Recent controversies have challenged some of the research that has reported adverse effect of the drug on grounds concerning the methodologies and doses used in some studies (McNeil 2003). However, other studies that have not been thus criticized (Hanson & Luciana 2004; Parrott 1998) support the notion that MDMA produces neurotoxicity to the serotonergic system in humans. MDMA can also cause dehydration and other medical problems, and has led to deaths (Graeme 2000). In animals, MDMA produces prominent neurotoxic effects (Ricaurte et al. 1988a; Schmidt, Wu & Lovenberg 1986; Stone et al. 1986) with long-term structural damage to serotonin (5-HT) and dopamine neurons (Ricaurte et al. 1988b). Among HIV-positive individuals, MDMA and other drugs may interfere with

adherence to new anti-retroviral medications; for instance, MDMA may interact fatally with ritonavir, a highly active anti-retroviral treatment (Harrington et al. 1999).

Others have suggested that MDMA may have beneficial therapeutic effects (Greer & Tolbert 1998), and clinical trials of the substance for the treatment of posttraumatic stress disorder (PTSD) are being planned (Doblin 2002).

Some prior quantitative and qualitative research has focused on gay men's drug use at circuit parties (Mattison et al. 2001), and gay lesbian, and bisexual college students' use, as part of surveys of college-age youth populations (Pope et al. 2001; Boyd et al. 2003). Yet gay men may use MDMA outside of circuit parties, in other and more frequent settings. Questions emerged as to why MDMA is associated with domestic violence and how users make decisions about use and integrate use into their lives. Yet these questions have not been examined.

METHODS

We performed 12 in-depth qualitative interviews lasting up to two hours each, with gay users of MDMA between the ages of 18 and 45 in the New York City area, between 1999 and 2001. Ten were Caucasian and two were Latino. Participants were recruited through a questionnaire concerning MDMA and other drug use that was distributed at three gay dance clubs, the data from which has been reported previously (Klitzman, Pope & Hudson 2000). The last question of the survey asked whether participants would be willing to be interviewed about these issues in further detail and to provide contact information. We also recruited through word of mouth. Interviews were broad based and designed to elicit the views, meanings, norms, interpersonal contexts, daily routines, and other defining features of participants' lives in their own terms and words (Strauss & Corbin 1990; Patton 1990) that could be expected significantly to be related to MDMA use. Specifically, questions concerned patterns, contexts, and effects of use of the drug, exploring the nature of associations and temporal and causal relationships between MDMA use, high-risk sexual behavior, mental health, gay community involvement, and other factors. We examined patterns of MDMA use: What illegal and legal drugs participants used and when and how they made decisions concerning these substances; what experiences with MDMA participants have had; what kinds of sexual behavior they have engaged in, both in conjunction and not in conjunction with

MDMA use; the impact of MDMA on other aspects of their lives; and how they view and understand these issues. The PI, who has extensive experience conducting and analyzing qualitative interviews (Klitzman 1999; Klitzman 1997; Klitzman & Bayer 2003; Klitzman et al. 2004), conducted all of the interviews. Interviews were tape recorded and transcribed, or detailed field notes were taken. We were interested in mapping the world of gay male MDMA users—how they become users and how MDMA fits into the contexts of their lives. On a theoretical level, our work was informed by Geertz, who described the need to obtain a “thick description” (Geertz 1973) to understand the perspectives of individuals in a particular social setting, rather than impose external conceptual categories on these individuals. This approach can potentially generate insights and hypotheses that can be explored further in future research that can also potentially employ quantitative methods on larger samples.

Analysis of Data

Analyses were informed by grounded theory (Strauss & Corbin 1990) and were conducted in two phases. In the first phase, investigators reviewed transcripts and field notes to identify primary coding categories across the broad range of topics covered, as well as a range of subcodes and themes present within each topic area. Identified coding categories and themes were organized into a formal codebook. Two coders evaluated the data. New themes that did not fit into this original coding framework were discussed, and modifications were made when deemed appropriate. We refined, merged, or subdivided thematic categories, when suggested by associations, overlap, or diversions in the data. Codes and subcodes were then used in analysis of additional interviews.

RESULTS

The interviews with these gay informants have revealed several themes, as depicted in Table 1.

Socialization into MDMA Use

Initiation. Informants reported undergoing a period of initiation into the use of MDMA and other drugs after being introduced to these drugs and meeting other users. Typically, they described undergoing changes

TABLE 1. Themes Related to Gay Men's Use of MDMA (Ecstasy)

I. Socialization into Drug Use
<ul style="list-style-type: none"> • Initiation • Social networks <ul style="list-style-type: none"> – Dating pools – Continued group membership – Using MDMA with friends
II. Patterns of Consumption
<ul style="list-style-type: none"> • Special occasions • Advanced planning
III. Procurement of MDMA
<ul style="list-style-type: none"> • Relative low cost of MDMA (compared to other drugs) <ul style="list-style-type: none"> – Choosing dealers • Contexts of use <ul style="list-style-type: none"> – Clubs – Circuit parties • Ethnic differences
IV. Appeal of MDMA to Gay Men: Desired Effects
<ul style="list-style-type: none"> • Euphoria • Increasing sensation of music • Countering feelings of stigmatization and aloneness <ul style="list-style-type: none"> – Male (homosocial) bonding – Conflict resolution – Feelings of normalization
V. Adverse Effects of MDMA and Knowledge and Perception of These
<ul style="list-style-type: none"> • Long-term side effects <ul style="list-style-type: none"> – Psychiatric problems – Cognitive problems • Domestic violence
VI. Responses to Potential Side Effects
<ul style="list-style-type: none"> • Managing side effects <ul style="list-style-type: none"> – Minimization of potential side effects – Monitoring side effects
VII. Sexual Behavior on MDMA
<ul style="list-style-type: none"> • Sexual function • Disinhibition • Increased desire
VIII. Decreasing Use of MDMA over time
IX. Ambivalence Towards MDMA

afterwards in their social network, which often then became comprised of larger numbers of other MDMA users. MDMA use often began as a part of group activity. One white gay man, currently unemployed, said:

It started as a group activity at the beach. We all did it and didn't go out. We all just said we were all going to do it this one time. We went out to the beach and talked and had a grand time. We went back to the house, talked, laughed, bonded. It was a very good experience. It wasn't until two weeks after that we decided to do it again. We went to this dance club. And that was fun.

Thereafter, he came to use MDMA once a month.

Social networks. Following MDMA use, social networks often changed. Some reported, for example, that non-users did not want to date users, who were seen as wanting to "party all the time." Dating thus began to occur more exclusively from within pools of either users or non-users, creating a veritable positive feedback loop. One white mental health care worker elaborated:

Since I started doing Ecstasy, I've been able to broaden my social life a little bit more. There are the people who do Ecstasy, and the people who don't. And I am finding out more and more that people are doing it more. When people who *don't* do it find out that you're doing it, like to do it, and want to continue doing it, then they are like: "I don't know if I want to do it with you; you're a drug addict." [I] say, "Are you kidding me?" I feel as if I am not a drug addict. The people that you spend your time with that have done it have that same experience. You have that shared experience and it opens up your communication a little bit more—even when you're not using it. It's sort of like being a person who's divorced. If you're with a bunch of married couples that have never been divorced, how do you relate to them? But when you're with the people who are divorced, then you have something else to relate about.

Some may continue to use MDMA in order to stay a member of the group they have entered. This man continued, "If I was in the company of these people all doing X, and they all knew that I wasn't, I'm not so sure that they would be inclined or motivated to call me."

Indeed, men may try to convert their friends to use MDMA. For instance, one man tried to get a body-builder friend of his to try MDMA:

He said, “No, I don’t do this stuff.” I didn’t beg him to do Ecstasy, but I did ask him a few times. I said, “You just have to try it once. Just do me a favor, try it once, and we’ll go out and have a good time together.” And he did, and said, “Oh, it was great, I had a good time.”

Of note, he here asked his friend to try it as “a favor,” thus placing some social pressure on this friend to try the drug.

Patterns of Consumption

In the course of an evening, many users took additional “hits” of MDMA or of other drugs. One 24-year-old shop clerk said, “In a regular night, I take three hits. The most I’ve done was, I think, six. But I’ve noticed [that] after the third hit, you don’t really feel nothing. So I cut down to three. The first hit takes 30-40 minutes to hit you. And if it’s a good hit, the feeling lasts like 2 hours—2 1/2 if it’s good.”

Special occasions. A period of use can involve staying up for 14 hours, starting at 1 a.m. Evenings can stretch into morning and afternoons, with many men going out from 1 a.m. continuously to 3 p.m. Consequently, using it on a weeknight can make one miss school or work one or even two days after use. As one informant said:

I would try to do it Saturday night. Otherwise I would wind up missing school Monday, because I would spend the whole day fooling around with my boyfriend, and then the day after that I wouldn’t wake up and I would miss school or work. So I’d rather not deal with that and just do it one day. A few times I’ve asked my boss for the day off, because I knew that I was going to go out. I need at least 2 days to recover—one day to recover, and the other day so I wouldn’t be spaced out. I wouldn’t mind taking it more, but I have responsibilities. That’s why I don’t take it more often.

As a result of this impairment, many used MDMA only on what they deemed “special occasions,” and planned their use in advance for particular occasions. “You realize you can’t do it all. It is something you don’t want to do often. You want to make it a special experience. It’s a special occasion—an investment, financially, emotionally, physically.” Another man said, “I do it when there’s a specific reason or occasion—like somebody’s birthday.”

Advanced planning. Many men carefully purchased what drugs they would take beforehand. For instance, one man said, "I'm still in school, so I probably [won't take any] until this semester is over, and then do it before the spring semester starts." Another man reported, "If I know a special holiday's coming up, I plan it out. We're gonna go out and buy a certain amount of hits." Another informant said, "I'm going to use it on Labor Day weekend, because I'm going to be on vacation the following week and won't have to be at work. I'm then going to use it on Halloween weekend."

Others participated in circuit parties, planning use at these events in advance as well, engaging in a series of preparatory activities, including getting haircuts, going to tanning salons, and working out at the gym more frequently. As one man said: "the White Party, the Black Party—those are events—a ritual. It's like the Olympics, the regional tryouts."

Procurement of MDMA

Procurement of the drug was seen as being relatively easy. As one man said: "It's open to everybody. You can get it anywhere. You could go to the club and get it. I could give you a phone number and get it for you. It's not difficult."

Dealers tried to expand the market for MDMA. Informants reported, for example, that dealers who sold marijuana now offered 2-3 tablets of MDMA to customers free of charge, and encouraged them to take it. Once customers took it, they usually requested more. Some men supported their own use of the drug by selling MDMA to friends, thus reinforcing use among networks of users.

A few men bought whatever was available at a dance club or party, although informants reported trying to avoid such purchases, unsure of exactly what really was being purchased (i.e., MDMA "cut with other substances") as described further below.

Relative low cost of MDMA. MDMA was seen as being affordable overall, though for a few, the cost restricted use. Men reported that in the course of an evening, MDMA cost less than alcohol, since one hit cost \$25 and could last up to 6 hours, while four drinks could cost \$8-\$10 each. One man reported, "You waste \$9 in the club drinking. When my brother goes out—he only drinks—he wastes \$200 a night just on drinking." Yet for others, even this lower cost of MDMA proved rate-limiting. As another man reported, "three hits is \$75, and that's money we can use towards tokens, whatever."

Contexts of use. Club environments appeared to foster drug use, and vice versa. Since attendance at clubs was typically from one a.m. to six a.m., MDMA enables men to have the energy to stay up and dance all night. Moreover, MDMA gave them energy that made them want to dance, and the experience of dancing was heightened (e.g., “on Ecstasy, my body feels the music inside me”). Another man said, “I take Ecstasy, go to a club and close it at 7 or 8 o’clock in the morning, go have breakfast at the diner around the corner, and then go to another club at one in the afternoon.”

Even couples who used MDMA tended to do so in larger social contexts. For instance, one man said, “We get together, hang out and do it in the house or whatever. But mainly in the clubs.”

Repeatedly men described experiencing such dance events as “tribal” and as “big gay male bonding rituals,” in which they felt uninhibited dancing. Users reported liking to use MDMA at discos in which men removed their shirts and danced. One man said, “Tribal means the old culture, something ancient—also a little futuristic.” Another described “hot sweaty bodies with their shirts off, all sweating and having a good time. Enjoying the music, the lights, the whole sense of the male community.”

These events at clubs and circuit parties can be powerfully affirming of one’s identity and self-esteem. The need for such affirmation becomes all the more apparent by comparison with the difficulties many of these men faced in their prior lives due to coming out. As one man explained:

Where I grew up, the guys from the neighborhood never wanted to play with me. They used to always call me faggot. It was strange; I would ask myself why they were calling me that. Now it’s funny because most of them already have kids and are not going anywhere. The tables have turned. This past summer, I told my boyfriend: Watch, I’m going to walk around in a tank top, because they are all fat, I went to the gym, and was the ugly duckling turned into the beautiful swan. I would walk around prancing and laugh inside—a little joke inside.

Ethnic differences. MDMA use was reported as varying among different ethnic or racial subgroups of gay men, with greater MDMA use among whites than among blacks and Latinos. One Latino remarked on the differing drug use at various ethnic gay clubs, and the fact that he preferred the dance music available at white gay clubs rather than the “Spanish, go-go style music” usually played at gay clubs that catered to

a more Latino or African-American clientele. "There's a different gay culture. White club culture is like a circuit-party, and people do drugs and Ecstasy and whatever. That's the kind of club I like most. I notice when I go to a black or Latino club, everyone's there to pick up someone or to have sex. It's not really just to have fun."

Appeal of MDMA to Gay Men: Desired Effects

MDMA appealed to gay men both for its desired effects related to its pharmacology, as well as features specific to gay culture. Indeed, as one man reported, MDMA is "the gay drug of choice."

Euphoria. Many commented on the "good effects of MDMA." It was "supposedly the best drug ever invented," one man said, delivering a feeling "like heroin, but not as much, because on Ecstasy you're more awake." Another man reported about MDMA intoxication: "It's just a very happy, just really, really happy feeling. Very energetic. The best explanation for what I felt is—if somebody had just awarded me 100 million dollars, tax free, and everybody in the club won 100 million dollars individually, tax free, and we were all just celebrating together—that feeling of unbelievable happiness, like everything was just wonderful."

MDMA, too, provided a sense of being alive with movement. "It makes me feel more alive, instead of being in the same place always," another informant said. "I don't mind being in the same place, but it's good to get away for a while, once in a blue moon."

Some informants described how MDMA improved their mood. "It enhances the experiences," one said. "It basically enhances the mood you are in at the time." Another man added that MDMA "gives people a charge that nothing else does. You feel like you conquered the world when you're on Ecstasy. You feel like everything's all right."

Some felt MDMA increased one's creativity and sense of self-potential. "Ecstasy allows you to move three steps ahead because there is always opportunity in your life. When you feel you can't go there and you know you have the potential to go there, but something is blocking you, Ecstasy helps me tap into a creative energy."

Increasing sensations of music. MDMA was seen as enhancing body sensations, particularly with regard to music. As one informant described, "First you feel like a little flush in your stomach and start feeling warm. You start sweating a little bit, feeling like you're floating a little. You feel like the music is inside of you. You'd be dancing and you just dance and wouldn't care what people think, you just: (1) feel the music; and (2) feel like the music. It's kind of strange."

Countering feelings of stigmatization and aloneness. Importantly, MDMA has particular appeal to gay men, who often grew up feeling isolated, stigmatized and alone as a result of their homosexuality. As one interviewee said, “when you are growing up, your parents, everyone, all say homosexuality is wrong and you are damned because of it.”

Relatedly, informants reported that MDMA made gay male users feel closer to others and to a sense of a gay community—affecting perceptions of self and of other. As one man said, “It gives me connection with people—like everyone is just so friendly and happy to be alive, and having a great time.” “It always helps us to put our arms around someone even if it isn’t about sex,” another commented, “It breaks down barriers.” MDMA instilled feelings of “camaraderie.” “Being on Ecstasy I’m really up to par with everyone. It’s not pressure like I have to fit in; it’s not that at all. Just this camaraderie.” On MDMA, the borders of gay subcultures were more porous. Another interviewee said, “people feel: ‘it connects me to something larger.’”

Thus, MDMA helped make gay culture feel more welcoming to newly entering members, since within this community, rejection can occur and unfriendly, intimidating cliques exist. As one man reported:

Gay society can be pretty cold and very superficial. But once everybody’s on E, it’s all gone. It’s like a family. Even the pretentious queens in Chelsea really let their guards down. I could be passing them to go to the bathroom—you really have to nudge your way through the crowd—and I could just put my hand on somebody’s waist like, ‘Excuse me, I’m getting through here.’ I’ll look at them, and they’ll look at me. And I’ll smile and they’ll return that smile back, like, Hey, and I’ll just go on my merry way. Normally I’d get, “Sorry, get out of my way.” When you’re on Ecstasy and in a crowd of people, it’s like there’s a connection between you, an incredible connection. It’s like you could seriously relate to that person, and not even on a talking level or socializing level. It’s just that very friendly hello, a smile, just a look and a glance like I’m having a good time, too, and that’s it. It’s pleasant because there’s no attitude, nobody intimidating you or you’re not intimidating anybody. Everybody’s really loving everybody. It’s so much like high school: You have your dirt bag, your jocks, your real populars, and then your nerds. It’s like that at the clubs. Everybody hangs out in their own sector. All your muscle heads in one section, all your Latino grunge in one section, then you have your Filipino. But what I’ve noticed is that even when you go from group to

group, everyone is accepting of everybody. They might still be in their cliques because that is who they prefer to be with, but if I go to the muscle head group, I'll still get the smiles. If I was in Chelsea at a café, they would be like, "Hurry up, get through."

Hence, on MDMA; the environment itself may be experienced as better than the community ordinarily. Another man added:

We enjoy being a part of something larger. Society doesn't give us that and the gay community doesn't give us that either. If the gay community does, it is in protest or a challenge such as AIDS where you have to come together as a group and overcome.

A few users also viewed MDMA in utopian terms. As one informant said, "I honestly believe that if the entire world would take a pill all at the same time, we would have world peace."

MDMA was perceived, too, as helping in resolving interpersonal problems and conflicts. One man reported that MDMA intoxication "makes you want to talk or communicate." An informant described the reconciliation of two brothers in a strained relationship while both were on MDMA:

There were two brothers who haven't spoken to each other in two years, and one of them was on Ecstasy and was telling us he wanted to speak to his brother. And his brother wouldn't even budge or say 'hi' to him or whatever. So he convinced the brother to take Ecstasy and while they were on Ecstasy, they made up, and now they talk to each other. Another man described being on MDMA as: "Like nothing's wrong, you could talk to your worst enemy."

Some users drew distinctions between two types of desired effects of MDMA intoxication: "hyper" and "loving." One man described them: "There are two types—a hyper E and a loving E. I don't particularly like either one any more than the other. I would prefer the hyper, I think, maybe. But I like the combination of the two, and I've had that."

One subgroup of interviewees reported that the only time they felt "normal" was when they were taking MDMA, and that it allowed them to reflect on their life and "feel better" about themselves than they otherwise would.

***Adverse Effects of MDMA:
Experience, Knowledge and Perception***

Long-term side effects. Some informants were aware of MDMA's potential adverse effects, such as psychiatric problems. Depression often followed several days after MDMA use, referred to variously as "suicide Tuesday," "X Tuesday" or "black Tuesday." One man said, "Some of my friends feel depressed afterwards. The day after, they feel a little depressed, a little down. All they want to do is sleep."

MDMA can also cause anxiety. As one man said:

Once I did Ecstasy [and] when it wore off, I had to go to work. So I was still coming off of it. I had panic attacks and anxiety. I was anxious to get out and do something. When you are coming off of it, you have to be relaxed. If not, everything agitates you. For instance, when I'm coming off of Ecstasy, I'd rather go home or hang out at a friend's house—instead of going to work or dealing with my mom talking to me, or being around people.

Appetite disturbance can occur as well. As one man reported about loss of appetite from MDMA use, "The only thing I don't like about Ecstasy is: the day after, you're dehydrated, you can't eat. There are times I've forced myself to eat, 'cause I have to eat, and I felt like throwing up."

High frequency users may exist who are less susceptible to adverse effects, including depression. One man reported that he, for example, had heard of MDMA leading to depression, but that he had never felt this side effect himself: "I've heard about 'Black Tuesday,'" but I've never experienced it. I have never had a bad experience on Ecstasy." Another man said, "That happened to some of my friends, but not to me." As remedies for psychiatric problems resulting from MDMA, men reported using St. John's wort, Prozac, and herbal remedies (e.g., "herbal Ecstasy") specifically marketed to the gay community for this purpose.

Others were aware of cognitive problems in themselves or other users. For example, one man reported that his boyfriend had memory losses.

I notice he has a good short-term memory, but not long-term memory. He'll have problems remembering what we did last year on a certain date. Not me. I remember everything—the time, the date, where we were. I mean, he's always forgetful, but he's been worse lately. He wouldn't remember something he did a week ago."

Similarly, another man described concentration problems: "You feel like you're not really there—not confused, but you don't really concentrate on stuff." A third man reported that MDMA intoxication "clouds your judgment at times." Yet it can be hard to correlate cognitive changes over time with MDMA use because of other life events and often the use of multiple drugs over time. As this last man added, "I don't know if there is a direct correlation between problems with concentration or forgetfulness, and drug use. I think if your life is as unstructured as mine is, and in that much flux, the easier it is not to be focused."

Domestic violence. Domestic violence, as we have reported earlier based on a quantitative study (Klitzman et al. 2002), may occur as well in the context of use of MDMA or other drugs. One man was in a violent relationship with his lover, who previously had slapped him "once in a blue moon." Now they used MDMA more frequently and his boyfriend was violent more frequently. "He has a habit of putting his hands on me, hitting me, slapping me. Before we worked that out." The relationship between MDMA use and this violence was not clear however—whether one caused the other or both resulted from some other process or factor (e.g., psychiatric problems).

Responses to Potential Adverse Effects

Managing side effects. Some men said they were unaware of long-term adverse effects. In fact, these men saw MDMA as safer than other drugs. Several men, for example, felt that MDMA use was not habit-forming compared with other drugs (such as crack, cocaine, ketamine or methamphetamine):

I enjoy Ecstasy because you're not sloppy, slurring your words, staggering or out of control physically, messed up coordination-wise. And you got this high. Your liver is not polluted. You don't feel nauseous the next day, have a hangover. You feel great. You sleep two-three hours, and feel refreshed.

Others had heard of MDMA's risk of neurotoxicity, as reported in the popular press, but they minimized the danger and continued to use the drug. Folklore about the drug often countered claims of danger. As one man said, "I heard that if you space out how often you use it, then it's OK." Interviewees presented numerous reasons for continued MDMA use, such as: "anything done in moderation is all right," "I only do it once a month," and "Ecstasy doesn't make you dependent."

Many saw themselves as engaging in “responsible drug use,” by planning carefully in advance when to use MDMA. “I think responsible drug use is OK. I don’t see anything wrong with it. I don’t regret the experiences. I hope other people can have similar ones.”

Some perceived drug risk as relatively minor compared with other risks regularly engaged in as part of daily life. This man continued, “Drugs can be dangerous. But anything can be. Cars are dangerous—and when used unwisely, they can be *very* dangerous.” Others challenged research that has suggested that MDMA may cause cognitive or long-lasting deficits, including memory deficits, saying that the research itself is “biased.” As one man explained, “It’s supported by the government, and they are ‘anti-drug’ no matter what.” Some relied on websites that endorse MDMA use and that list critiques of such research.

The lack of clear scientific data about the health risks of MDMA has furthered a lack of public information and media coverage about potential dangers of the drug. Hence, concerns about health risks can potentially dampen MDMA use, but does not always do so. Some weighed potential adverse effects against perceived and actual evidence. “I think I am not a natural risk taker,” one man explained. “I won’t mind taking a risk, but I won’t blindly take a risk. I’ll ask questions. I’ll want to know more about it. But if it comes out tomorrow that there are absolutely no side effects to Ecstasy, I would do it all the time.” He revealed his expectation that if public health information about dangers of MDMA use existed, it would be made available and publicized. He interpreted his perception of lack of information in the media as representing lack of scientific consensus.

Rarely, distinctions arose between a lack of research findings available concerning the negative effects of MDMA, and a possible lack of research being conducted on this topic. One man cited the lack of conclusive evidence concerning the dangers of MDMA: “I work with a lot of doctors. They were telling me that nobody has a 100% answer. So I’m not sure if it’s lack of conclusive evidence or just lack of people looking into and just really getting information on it. And I’ve even asked people to get information for me to go on the Internet, and get books.” The lack of media and public attention to MDMA’s side effects—especially when these interviews were conducted in 2000—fueled beliefs about the substance’s relative safety. Indeed, the relative dearth of information to the contrary appeared to foster use. This man continued:

It can’t be addictive, because I’ve heard that nobody is addicted to it physically. I’ve never heard of any problems like that. I don’t

know how many times you have to take cocaine before it becomes addictive 'cause I've never done it. I don't know if it's different for everybody. But I do know people who have been taking Ecstasy for years and it's never happened.

Clearly, MDMA did not always have the negative connotation associated with other drugs. For example, one man explained:

I've never done drugs in my whole life. I've always looked down on people that did: "what a loser." And it is so funny because somebody said, "You're doing Ecstasy now. Then it's going to be K, then crystal, and then coke." I said, "Let's not get carried away." I've been asked to do coke before. But all those drugs have such a bad connotation, and Ecstasy doesn't. There are coke addicts, and it ruins their lives. There is no evidence that Ecstasy is ruining anyone's life.

As he intimates, he still does not consider himself to be "doing drugs" though he uses MDMA.

Occasionally, some wondered about potential long-term health risks, but dismissed these concerns because of the relative lack of clear evidence or attention. For example, in contrast to MDMA, the severe adverse effects of GHB—particularly death—have received more attention in the gay community.

The big topic of discussion is all the idiots that use these things that are on the flyer that can cause death: GHB, Blue Nitro, there's a couple of other ones. It's unanimous: what a bunch of idiots to even go near this stuff. Are they sick? Are they crazy? We've never heard of anybody dying of Ecstasy or having any problems, but we do admit we're all wondering: in 10 years what are the side effects going to be to these people who have done it on a consistent basis?

In light of its wide use, the perceived relatively low attention paid to MDMA's adverse effects was seen as justifying minimization of these effects.

Ecstasy has been around for quite some time, from what I understand. So if it was all that bad, there would be a lot more coverage on it. I've seen more about the effects of marijuana and of caffeine.

Others minimized the reputed negative effects of drugs by citing the fact that homosexuality, too, has been claimed in the past to be “bad.” “So taking drugs is bad. Homosexuality is bad. Hopefully, these values won’t hurt anyone.”

Further rationalizations and ways of reframing MDMA use arose as well. Some barely considered MDMA to be a drug. One interviewee said:

This is maybe not a good attitude, but I almost don’t consider Ecstasy a drug; I know it is. My intellect tells me, but I guess because I’ve taken it and been safe, and know it’s not addictive physically and all that. A lot of people don’t consider alcohol a drug—maybe because it’s legal—although it is.

Adverse effects that may have been experienced were often blamed not on the MDMA itself, but on other drugs (e.g., amphetamine or “speed”) or impurities that may have been added. The man who described two different types of effects from MDMA said:

It all depends on the hit you get. ‘Cause there was a time period when I took a few hits, over six months, not every day. During that time period, instead of feeling “lovey-dovey,” I would feel anxious: I didn’t want people next to me. I wouldn’t trust people or—I guess it depends on what kind of hits you have. It was Ecstasy, but I think they put speed in it. They mixed it with something else. I don’t know.

Problems were also attributed not to the drug itself but to one’s body. “A lot of the bad trip is because you don’t sleep or eat. And your body reacts differently. And your body changes.”

Informants who expressed awareness of potential adverse effects described trying to monitor or manage negative effects and to use the drug in what they felt to be “safe” or “controlled” ways. As mentioned earlier, in part to reduce the risks they might face, many men sought, if possible, to buy Ecstasy from dealers they knew, and to avoid purchasing it at clubs “because usually, when you buy at the club you get Ecstasy mixed with something that’s not Ecstasy—and end up wasting money.” Another man concluded, “Never buy from people you don’t know.”

Still, though having preferences, individuals, might not be consistent in how they procure the substance. As one man said:

I don't buy E at the club anymore because (1) I don't know who I am getting it from. It's always somebody different. (2) I've heard really good things about the stuff this one guy has, but I hate the act of going to meet him somewhere, then getting in his car, then driving around. He says, "What do you want?" "Ecstasy. What do you have?" "Teletubbies." "What are they like?" And he tells me. I always ask, "Have you had any problems with these? Do people call you and say, 'They made me sick'?" Of course, dealers are not going to say yes. But because I heard of him through friends, I know he is trustworthy. The other times that we've gotten it, we always waited until we got to the club and then we had to find somebody, and you might and you might not, and I didn't want to take that risk and not be able to find it and not be able to have any for the night. So I knew somebody who had this guy's phone number, and I got it and met him. He was straightforward.

Given that MDMA can be "cut" with other substances, users also looked on tablets for markings such as the Mitsubishi corporate logo or trumpets or "teletubbies" that were seen as brands. Indeed, informants referred to the drug by these brand markings (e.g., "I just bought some mitsubishi's"). As one informant described, "It has little markings on it. You can never trust. Never buy from people you don't know. If they are honest, they will let you know: they will say things like it is trippy as opposed to speedy, which means it is not as cut with speed."

To avoid possible side effects, others used MDMA less, spacing out their MDMA usage, though not refraining from it altogether. As one man reported, "Everyone says that just as long as you're careful where you're getting your Ecstasy from, and that you don't use it two or three nights in a row, every weekend in a row, and just space it out. Do it once a weekend, don't do it for a couple of weekends, that type of thing."

Mythologies developed as well about the neuro-physiological mechanisms involved, minimizing rumored side effects. One social worker said that the health professionals he worked with "gave me a little bit of medical background on it, about what it does to your neurons. They say that you really should let the cells replenish for a period of time before you do it again." Yet there is no neurological evidence that such periods of replenishment occur.

Many looked out after each other as they took the drug, and made sure that someone monitored their use of MDMA and other club drugs. For example, they sensed when friends were "in a K hole" from an overdose of ketamine, or might be suffering from potential dehydration. As one

man said, “It was all ritualized: some guys, older or more experienced than us, made sure we knew and respected what we were doing. And I think that was one of the good things about it.” Others were careful to eat food before taking MDMA, and to remain hydrated while dancing at clubs on the drug. “People do things like take organic cocktails to try to get jumpstarted, to skip those chemical reactions. At the clubs you can buy powdered substances and cranberry juices. If you’ve also done too much K, sugar is the best thing. You take care of yourself before. Drink cranberry juice before. Raise your sugar. Balance it out.” Yet not all users monitored themselves or were monitored equally in these ways, and it was not clear how fully effective such monitoring was.

Polypharmacy. Many of these users engaged in polypharmacy. Yet it often appeared not to be random and chaotic, but rather to be planned and as such follow certain patterns. For example, they added particular substances (e.g., ketamine) to enhance or gradually alter the effect of MDMA to avoid dysphonic “crashing.”

Sexual Behavior on MDMA

Sexual function. MDMA may cause erectile problems in some users, though not in all, and those who have been thus affected at one point generally reported not experiencing the problem during every episode of MDMA use. For example, one man described a roommate whose boyfriend could not get an erection while on MDMA: “My roommate’s boyfriend has never once been horny any time he’s tried Ecstasy. He can’t even get an erection on Ecstasy.” To counteract sexual dysfunction during acute MDMA intoxication, some men reported taking sildenafil (Viagra) simultaneously, a combination they termed “sextasy”—that could increase the likelihood of sexual activity then occurring.

Yet others did not report that MDMA interfered with sexual function. In part, sexual encounters may not occur until 9-12 hours after ingestion of MDMA, even though the users may have met their partners at a club within the initial few hours of having taken MDMA. Thus, MDMA can increase the amount of sex, but sometimes not until 24 hours later. One man reported, “Sometimes we’ll leave and want to have sex right away. Sometimes we will want to talk first, smoke marijuana, cuddle, kiss, and then engage in more active physical contact. It depends on what the mood is. We go with whatever that is. We probably have more sex. We will have sex 24 hours after Ecstasy.”

In fact, some respondents reported being more likely when on MDMA to pick someone up and go home with him, and to engage in higher-risk

sex than they otherwise would (e.g., having unprotected anal intercourse).

Being on Ecstasy, you broaden your taste in men. Men are horny as it is, and being on Ecstasy, you just increase that a hundred times more. So if you're horny and somebody else is horny, I think you're willing to have sex with that person. Whereas if you weren't on Ecstasy, you probably might not, based on their looks.

Some felt MDMA hastened the process and pace of meeting someone: "I don't need Ecstasy to take somebody home or to be taken home, but it makes it happen quicker."

Disinhibition. Feelings of lessened inhibition may also occur, resulting in more sexual or aggressive activity. One man, for example, reported that MDMA allowed him to be more aggressive in sexual situations: "It allows me to fantasize, role play, to be more aggressive in my relationship." Another man described disinhibition between friends:

If we're all on Ecstasy together, nothing is inhibiting us to feel sexual, cause we're all sexual, like intensely sexual together on X, and they start blurring the lines. And what I've noticed with some groups of friends that I have: once they're on Ecstasy, all of a sudden they're all making out, and they're just buddies and [I can't] imagine them dating each other.

A decreased sense of inhibition may occur not just because of the drug's direct physiological effects, but because it also provides permission and an "excuse." One interviewee said: "For whatever reason, it always helps us to put our arms around someone, even if it isn't about sex. It is something that we enjoy. We can use it as an excuse, as permission to do this. Ecstasy gives us the permission to be. It's sort of: 'well, I'm high.' It breaks down barriers."

Increased desire. Others altered patterns of sexual behavior, such as engaging in group sex (e.g., "threesomes"). When on MDMA, some people switched sexual roles. "Somebody who is not a bottom, when on Ecstasy, is a bottom. He could be a bottom for hours, but at any other time: no." The sex is more enjoyable because "They are much more relaxed, very horny, and it's not painful for them."

Sexual activity may increase in part because MDMA increased physical sensations of and desires for sex. As this man added:

It just really makes you horny. I met a very, very attractive guy. He was on Ecstasy, I was on Ecstasy, and we danced all night together. And before you know it, we were just making out on the dance floor, not making a spectacle of ourselves—four thousand men are around you and not paying attention. We were just making out and it was like for hours and dancing. We'd break for a dance and then get back together, enjoying that kissing so much.

Behaviors may be mixed, depending on whether one was in a committed relationship or not. One informant who had a boyfriend, said, "I don't feel like picking people up when on MDMA," but he did stare at other men more at clubs when on it. The only time he had unsafe sex was with his boyfriend when both were on MDMA.

Decreasing Use over Time

Nonetheless, over time many decreased their MDMA consumption. A man who initially used MDMA twice a week, had now reduced his usage for a number of reasons: "'cause I don't want to lose my brains," and also because the drug was expensive, and lately he "felt worse" after use than he had previously.

At the same time, some appeared to "age out" of MDMA use. Clubs were frequented by a younger clientele. As one man said, "I notice that it's the younger crowd. For the older crowd, they don't go to clubs that often because they have jobs. You don't see them every week." In addition, those who were younger often had less responsibility and thus were able to take MDMA more often. As another man said, "We used Ecstasy when we were all on vacation and had less responsibility. When we were younger." Some users became tired or disillusioned with club culture in which MDMA use was prevalent. "I noticed the same people, with no lives, no aspirations," an interviewee reported, "and I just wanted to get out. So now I go only once in a very blue moon."

Some perceived diminished benefit from the drug over time, though not always tracing this diminution to physiological effects of the drug itself or a form of tolerance to its effects that may occur over time. Instead, they felt that "you can't get good Ecstasy like you used to." As one man suggested, "I think the Ecstasy that they're manufacturing now is not as strong as it used to be. Instead of doing one hit, people end up doing three hits a night 'cause it's a little weaker, and then after three hits they use the Special K."

In fact, the decreased “desired effect” from MDMA that occurred with continued use of the drug can be hard to disentangle from the process of “aging out” of the subculture socially. As another man observed, “Good Ecstasy enhances the mood. Or is it the fact you are growing up? In those other times, you were younger, you didn’t have a relationship, a mortgage, health issues or work. As opposed to now where you just can’t ‘not be there’ for your job. So it is all these psychological things. You’re moving into another part of your life.”

Ambivalence Towards MDMA

Ambivalent feelings about MDMA use emerged among those who desired the pleasure of being on MDMA but were also aware of the health risks. They tried to balance these competing viewpoints. As an informant said, “I don’t plan on getting so wrapped up in it that it becomes my only social outlet. But if I find out that there is nothing wrong with Ecstasy, I don’t know where that would go. I really wish it wasn’t as good as it is.”

DISCUSSION

These data reveal several key themes, illuminating how MDMA has a range of specific appeals to gay men who often felt stigmatized, isolated, and excluded from groups, both while growing up and at present. Side effects appeared to serve as a factor in limiting the rate of drug usage, answering a question raised in our prior research as to why high versus low frequency users differed. The ordeal of having to experience side effects led some men to use Ecstasy only for special occasions, thus decreasing the amount they might otherwise use, and offering an explanation to our finding of less depression among more frequent users.

These men described patterns of initiation and socialization into use that then became part of a vicious cycle, perpetuating further use. Many men were aware of potential adverse effects of the drug, but sought to monitor these in a variety of ways that were not always effective. As with the side effects of other pharmacological agents, these men differed in susceptibility to the side effects of MDMA, and monitoring, though helpful, may not fully eliminate the risks faced.

Some justified their use, saying they planned it carefully in advance. Yet many men mixed drugs during the course of an evening at the clubs. Though almost all tried to plan in advance, they did not always succeed

due to exigencies and other factors. Often, when the MDMA wore off, they added more MDMA or special K, using what was available for purchase at the club or drugs purchased in advance.

Patterns of use have been described at circuit parties (Mattison et al. 2001) but these may vary from weekly dance clubs that require less expense (as one did not have to pay for airfare and several nights at a hotel, as with circuit parties). Therefore, clubs may attract a younger, less wealthy, but larger clientele. In addition, patterns of procurement at clubs differed from that at so-called circuit parties. Moreover, at circuit parties, a non-profit organization, "DanceSafe," has frequently engaged in a harm reduction program, setting up booths to check users' supplies of MDMA (Stryker 2001). At clubs, where MDMA use occurs weekly, such an intervention may be hard, though not wholly impossible, to institute. The cooperation of club owners would need to be procured, but could be achieved if they are appealed to appropriately (e.g., emphasizing that such "prohealth" efforts may aid them in the eyes of local government officials who have periodically "cracked down" on clubs as havens of drug use (Rohde 2001).

In addition, many of these men described searches for escape and connections to others that were reminiscent of Robert Jay Lifton's (Lifton 1979) description of individuals searching for "experimental transcendence" as ways to attain a sense of connection with others that may not be felt through religion, work, or biological ties to kin (Klitzman 1997). The questions arise as to why these men have difficulty finding other means of connection with others in the gay community, and how to encourage them to seek alternative communions not induced by drugs.

While scientific data have suggested the existence of long range cognitive problems, such findings, which were based on certain methods and doses, may be challenged due to the fact that typical, recreational doses of MDMA are significantly smaller than those used in some studies (McNeil 2003; Multidisciplinary Association of Psychedelic Drugs (MAPS), n.d). Many of the statements made here regarding MDMA could apply to other substances as well, though in ways that require further research. Some of these experiences are clearly unique to MDMA, related to its specific desired and side effects. But these data may have critical implications for other groups of substance users, providing insights into ways that they make decisions and that substance use may "fit" into the context of the rest of their lives. Gay "users" do not judge and decide in unique manners. In general, Kahneman and others have described the irrationality involved in many human judgments (Kahneman,

Slovic & Tversky 1982), and rationalization has been well-described as a psychodynamic defense (Vaillant 1992).

This study has several potential limitations. The size of the sample is small compared with larger quantitative studies, but it is appropriate for a qualitative study of this kind, and provides critical insights into the range of issues and variables involved. The findings here can generate further hypotheses that can be explored in future research. Future studies can also examine these issues among larger groups of participants, both qualitatively and quantitatively. In addition, though we collected the data from 1999 to 2001, and some aspects of MDMA use may be changing among gay and bisexual men, the underlying themes, motivations, and views that we found here are still very relevant and important. Future research can explore as well how these themes may change over time in this and other populations.

Clearly, appropriate educational and prevention programs are needed to help address these misperceptions and potential adverse effects of this drug, and to assist individuals in assessing and approaching this substance. Specifically, information about side effects and their management needs to be widely disseminated. These data have important implications for understanding how to confront the rising use of MDMA, and other drugs, such as crystal methamphetamine, that no doubt will continue to become popular in upcoming years, threatening the health and well-being of users.

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